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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	10/814,854
Filing Date	March 30, 2004
First Named Inventor	Fidel Realyvasquez, M.D.
Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	CSI-2024

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number

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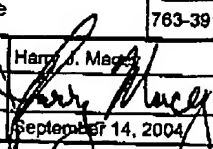
I have been discharged by Coalescent Surgical, Inc. in connection with the above-identified
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OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Jeffrey J. Hohenshell, Esq.		
Address		Medtronic, Inc.		
Address		7601 Northland Drive		
City		Brooklyn Park	State	MN
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Name		Harold J. Mace		
Signature				
Date		September 14, 2004	Registration No.	32,818
			Telephone No.	650-654-9555

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